U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD pplication or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) (Column 2) OR SMALL ENTITY NUMBER FILED NUMBER EXTRA FOR RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE 150 300 (37 CFR 1.16(a), (b), or (c)) SEARCH FEE 250 500 (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** 100 200 (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS X\$ 25 X\$50 (37 CFR 1.18(i)) minus 20 OR INDEPENDENT CLAIMS X\$100 X\$200 (37 CFR 1.16(h)) minus 3 If the specification and drawings exceed 100 sheets of paper, the application size fee due is APPLICATION SIZE \$250 (\$125 for small entity) for each additional 500 FFF 50 sheets or fraction thereof. See (37 CFR 1.16(s)) 35 U.S.C. 41(e)(1)(G) and 37 CFR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) N/A N/A TOTAL TOTAL If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE (\$) RATE (\$) TIONAL TIONAL AFTER PREVIOUSLY **EXTRA** FEE (\$) FEE (\$) AMENDMENT AMENDMENT PAID FOR OR Minus (37 CFR 1.16(i)) Minus = = x (37 CFR 1.16(h)) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16()) N/A OR Ν/Δ TOTAL TOTAL OR ADD'T FEE ADD'T FEE (Column 1) (Column 2) (Column 3)

| AMENDMENT B |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |
|-------------|---|---|-------|---|------------------|--|--|
|             | Total<br>(37 CFR 1.18(i))                                       | •   | Minus | ••  | =                |  |  |
|             | Independent<br>(37 CFR 1.16(h))                                 | •   | Minus | ***   | =                |  |  |
|             | Application Size Fee (37 CFR 1.16(s))                           |   |       |   |                  |  |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |       |   |                  |  |  |
|             |   |   |       |   | <del></del>      |  |  |

|                    |                             | OR |                    |                             |
|--------------------|-----------------------------|----|--------------------|-----------------------------|
| RATE (\$)          | ADDI-<br>TIONAL<br>FEE (\$) |    | RATE (\$)          | ADDI-<br>TIONAL<br>FEE (\$) |
| x =                |                             | OR | x =                |                             |
| x =                |                             | OR | x =                |                             |
| N/A                |                             | OR | N/A                | ·                           |
| TOTAL<br>ADD'T FEE |                             | OR | TOTAL<br>ADD'T FEE |                             |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.